

INFORMATION NEEDED FOR INITIAL NOTIFICATION
Paint Stripping and Miscellaneous Surface Coating
Area Source Rule (last updated March 26, 2008)

Subpart HHHHHH

40 CFR 63.11169 – 63.11180

2011 JAN 10 AM 8:34

And issued

53-0181
065489P

1. Company Name (if applicable) HAMILTON EQUIPMENT COMPANY, INC.

2. Information about the owner and operator:

a. Owner's Name and Title BILL HAMILTON - OWNER

Owner's Street Address 13875 HICKORY CREEK ROAD LENOIR CITY, TN 37771

Owner's telephone number 865-988-4300

Owner's email (if available) bill@hamiltonequip.com

Is the Operator the same person as the Owner? Yes ☒ No ☐

If the Operator information is different please provide the following (Attach a list with the same information for additional operators):

b. Operator's Name and Title _____

Operator's Street Address _____
Street City State Zip

Operator's telephone number _____

Operator's email (if available) _____

Is there any other certifying company official that will sign this form? Yes ☒ No ☐

If Certifying Official information is different please provide the following:

c. Certifying Official's Name and Title RYAN McGUIRE - SECRETARY

Certifying Official's Street Address 13875 HICKORY CREEK ROAD LENOIR CITY, TN 37771

Certifying Official's telephone number 865-988-4300

Certifying Official's email (if available) ryan@hamiltonequip.com

3. The street address (physical location) of the affected source

13875 HICKORY CREEK ROAD LENOIR CITY, TN 37771

Are the compliance records located at the same location? Yes ☒ No ☐

If the location of compliance records is different please provide street address:

Street City State Zip

Is the source a motor vehicle or mobile equipment surface coating operation that repairs vehicles at the customer's location, rather than at a fixed location?

Yes ☐ No ☒

4. Identification of Standard (you must check this box):

☒ Yes, I am subject to 40 CFR Part 63 Subpart HHHHHH, National Emission Standards for Hazardous Air Pollutants: Paint Stripping and Miscellaneous Surface Coating Operations at Area Source; Final Rule

5. **A brief description of the type of operation:**
For Surface Coating Operations
- a. I am a:
☒ Motor Vehicle or Mobile Equipment Surface Coating Operation
☐ Miscellaneous Surface Coating Operation
- b. Number of spray booths - **2**
- c. Number of preparation stations - **2**
- d. Number of painters usually employed - **4**

For Paint Stripping Operations

- a. Methods of paint stripping employed (check all that apply)
☐ Chemical
☒ Mechanical
☐ Other (please describe) _____
- b. Substrates stripped (check all that apply)
☐ Wood
☐ Plastic
☒ Metal
☐ Other (please describe) _____
6. **Methylene Chloride (MeCl) Used by Paint Stripping Operations**
Do you plan to use more than 1 ton of MeCl annually? Yes ☐ No ☒

7. **Compliance Status, please check one:**
For paint stripping operations, the relevant requirements that you must evaluate in making this determination are specified in 40 CFR 63.11173(a) through (d) of this subpart. For surface coating operations, the relevant requirements are specified in 40 CFR 63.11173(e) through (g) of this subpart.
- ☐ I am already in compliance with each of the relevant requirements
☒ I will be in compliance with each of the relevant requirements by the compliance date
- New Source (after Jan 9, 2008) Compliance date is date of startup
New Source (after September 17, 2007 but before January 9, 2008) Compliance date is January 9, 2008
Existing source (before September 17, 2007) Compliance date is January 10, 2011

8. **Certification of compliance status**
You must check one:
Note: Initial startup is the first time equipment is brought online in a paint stripping or surface coating operation, and paint stripping or surface coating is first performed.
- ☐ I am a new source (Initial startup was on or after January 9, 2008) Date _____
☐ I am a new source (Initial startup was after September 17, 2007 but before January 9, 2008) Date _____
- If your source is a new source, a responsible official, whose information is provided above, must certify by signing below that the source is in compliance with each of the relevant requirements of this subpart.
- ☒ I am an existing source (Initial startup was before September 17, 2007) Date **January 2004**
If your source is an existing source, a responsible official, whose information is provided above, may certify below that the source is already in compliance with each of the relevant requirements of this subpart or certification may be done by March 11, 2011 in the Notification of Compliance Status as specified in 40 CFR Section 63.11175(b)
- For existing sources: ☒ I am certifying below ☐ I will certify by March 11, 2011
(There is no need to sign below, you must sign a statement by March 11, 2011)

I certify the truth, accuracy, and completeness of this notification.
The source has complied with all the relevant standards of this subpart.
This initial notification also serves as the notification of compliance status.

Signature of responsible official:


Ryan McGuire

(Sample) Tennessee Notification of Compliance Status

065489P
53-0181

Paint Stripping, Autobody and Miscellaneous Surface Coating Operations

40 CFR Part 63 Subpart HHHHHH Parts 63.11169 - 63.11180

2011 MAR 11 PM 2:01

Notification of Compliance Status

Existing Sources: Must submit on or before March 11, 2011

Note: New Sources *are required to certify* in the *Initial Notification* whether the facility is in compliance with each of the Rule's requirements. *Unless* the compliance status has changed, new sources are not required to submit a separate notification.

Please check
status

☒ Existing Source

Commenced construction / reconstruction
on or before September 17, 2007

☐ New Source

Commenced construction / reconstruction after
September 17, 2007

Company Information

Company Name HAMILTON EQUIPMENT CO., INC County LOUDON
Physical Location 13875 HICKORY CREEK ROAD
City LENOIR CITY State TN Zip 37771
Phone Number 865-988-4300 Fax Number 865-988-0333 E-mail brad@hamiltonequip.com

Mailing Address 13875 HICKORY CREEK ROAD
City LENOIR CITY State TN Zip 37771

Please provide address where records are kept if different from facility location above:

Address _____
City _____ State _____ Zip _____

Certifying Official(s) Information:

☒ I certify the information provided in this notification is true, accurate, and complete to the best of my knowledge

Owner's Name BILL HAMILTON
Mailing Address 13875 HICKORY CREEK RD. Location LENOIR CITY State TN Zip 37771
Phone Number 865-988-4300 Fax Number 865-988-0333 E-mail bill@hamiltonequip.com
Owner's Signature [Signature] Date 3/8/11

Operator / Other Official Information (if different from owner) (choose one): ☐ Operator ☐ Other

Name _____ Title _____
Mailing Address _____ Location _____ City _____ State _____ Zip _____
Phone Number _____ Fax Number _____ E-mail _____
Official's Signature _____ Date _____

(Sample) Tennessee Notification of Compliance Status

Date of the Notification of Compliance Status: MARCH 8, 2011

- ☒ Yes, I am notifying my facility's compliance status on the following Rule:
National Emission Standards for Hazardous Air Pollutants:
Paint Stripping and Miscellaneous Surface Coating Operations at Area Sources
40 CFR Part 63 Subpart HHHHHH [§63.11173 (a) through (g)]
(check all of the categories that apply)

- ☒ Motor Vehicle or Mobile Equipment Surface Coating Operations - Autobody Shops
☐ Miscellaneous Surface Coating Operations - Affected operations that perform hand-held spray painting of metal or plastic and use paint that contains chromium, lead, manganese, nickel, or/and cadmium
☐ Paint Stripping Operations - Use Methylene Chloride (CAS# 75-09-2) to remove dried coatings (e.g. paint, varnish, enamel) from metal, plastic, wood and other material

☒ I am in compliance with the Rule's requirements including the following (check all that apply):

- ☒ Painters trained and certified according to the Rule
☒ Use/Operate according to Rule: required spray booths, prep stations, mobile enclosures and filters
☒ Use HVLP spray guns or equivalent
☒ Clean spray guns with no mist or spray outside of the solvent container
☒ Maintain the following records on site: painter certifications, filters, alternate spray guns efficiency and submitted Notifications
☒ Use required management practices to minimize **methylene chloride** emissions
☒ Maintain content, purchase receipts and annual usage of **methylene chloride** on site
☐ Written **Methylene Chloride Minimization Plan** has been developed, posted where used and implemented [Check only if Methylene Chloride usage is greater than one (1) ton per year]

☐ I am not in compliance with the Rule at this time.

Date of Noncompliance _____ Date compliance **will be** obtained _____

Provide an explanation the noncompliance and describe corrective actions being taken to achieve compliance:

Please attach a separate sheet and provide additional information if necessary. [Include date of the noncompliance and describe corrective actions being taken to achieve compliance]

Submit the information to **BOTH** of the following addresses:

Tennessee Division of Air Pollution Control
ATTN: Surface Coating Contact
9th Floor, L & C Annex
401 Church Street
Nashville, Tennessee 37243-1531

EPA Region IV
Director, Air, Pesticides and Toxics Management Div.
Atlanta Federal Center
61 Forsyth Street
Atlanta, GA 30303-3104

Note: Keep a copy (in paper or electronic files) of all records for 5 years (on site for at least 2 years)

For assistance, call the **Tennessee Small Business Environmental Assistance Program**
Toll-Free: 1-800-734-3619 / E-mail: SBEAP@tn.gov